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30935 7590 04/01/2009

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Viktor Kaptelinin (Depositor's name)
 [Signature] (Signature)
 May 4, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/691,445	10/22/2003	Viktor Kaptelinin	525-056.2	8099

TITLE OF INVENTION: LOW-OVERHEAD INTEGRATED SUPPORT FOR PERSONAL PROJECT MANAGEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$0	\$0	\$755	07/01/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	05/04/2009 MGBREM2 00000001 10691445		
PHAM, KHANH B		2166	707-104000	01 FC:2501 755.00 OP		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature [Signature]
 Typed or printed name Viktor Kaptelinin

Date May 4, 2009
 Registration No. _____

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